National Aeronautics and Space Administration

Lyndon B. Johnson Space Center White Sands Test Facility P.O. Box 20 Las Cruces, NM 88004-0020



June 16, 2005

Reply to Attn of:

RC-E05-040

TRI Data Processing Center c/o Computer Sciences Corporation Attn: TRI Magnetic Media Submission 8400 Corporation Drive, Suite 300 Landover, MD 20785-2294

Subject: NASA White Sands Test Facility (WSTF) 2004 Toxic Chemical Release Inventory

The NASA White Sands Test Facility (WSTF) is submitting the 2004 toxic chemical release inventory data as required under Section 313, Title III, of SARA and the Pollution Prevention Act of 1990. Enclosure 1 provides the signatory certification statement. Enclosure 2 is a disk containing toxic chemical release reporting data for WSTF, TRI Facility ID #88004-NSJHN-14MIL. NASA is submitting a report for the following chemicals:

Chemical Name	CAS Number
Methyl hydrazine	60-34-4
Lead	7439-92-1

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in these reports are accurate based on reasonable estimates using data available to the preparers of the reports. If you have any questions or comments concerning this submittal, please call Tim Davis of my staff at 505–524–5024.

Radel Bunker-Farrah Environmental Program Manager

2 Enclosures

cc:

New Mexico Office of Emergency Management Attn: Mr. Don Shainin P.O. Box 1628 Santa Fe, NM 87507-1628 bcc: HQ/JE/S. Higuchi HTSI Team/P. H. Pache

RC/RBunker-Farrah:btm:6/16/05:5733
S:\wstfgrp\environ\nasaport\Signed Transmission Letters\ TRILTR2004.doc

Signature Certification for U.S. EPA Diskette Submission



NASA WHITE SANDS TEST FACILITY P.O. BOX 20 LAS CRUCES, NM 88004 88004NSJHN14MIL

June 10, 2005

TRI Data Processing Center c/o Computer Sciences Corportation Suite 300 8400 Corporate Drive Landover, MD 20785

(301) 429-5005

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY

This information is submitted as required under section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 2 chemical report(s) for our facility.

These 2 chemical report(s) are described below:

TRI Chemical or Chemical Category	Reporting Year	CAS Number	Report
Lead	2004	7439-92-1	Form R
Methyl hydrazine	2004	60-34-4	Form R

Our technical point of contact is:

RADEL BUNKER-FARRAH (505) 524-5733 RBUNKER@WSTF.NASA.GOV

and is available should any questions or problems arise in the processing of this diskette.

If the enclosed diskette contains one or more Form R chemicals, then I hereby certify that I have reviewed the enclosed documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report(s) are accurate based on reasonable estimates using data available to the preparers of this report(s).

If the enclosed diskette contains one or more Form A chemicals, then I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the Form A statement, the annual reportable amount as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Sincerely

RADEL BUNKER-FARRAH

ENVIRONMENTAL PROGRAM MANAGER

Enclosure: Diskette

Signature Certification for State Diskette Submission



NASA WHITE SANDS TEST FACILITY P.O. BOX 20 LAS CRUCES, NM 88004 88004NSJHN14MIL

June 10, 2005

Don Shainin HazMat Coordinator Office of Emergency Services & Security 13 Bataan Blvd. Santa Fe, NM 87508

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY

This information is submitted as required under section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of ___2__ chemical report(s) for our facility.

These 2 chemical report(s) are described below:

TRI Chemical or Chemical Category	Reporting Year	CAS Number	Report
Lead	2004	7439-92-1	Form R
Methyl hydrazine	2004	60-34-4	Form R

Our technical point of contact is:

RADEL BUNKER-FARRAH (505) 524-5733 RBUNKER@WSTF.NASA.GOV

and is available should any questions or problems arise in the processing of this diskette.

If the enclosed diskette contains one or more Form R chemicals, then I hereby certify that I have reviewed the enclosed documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report(s) are accurate based on reasonable estimates using data available to the preparers of this report(s).

If the enclosed diskette contains one or more Form A chemicals, then I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the Form A statement, the annual reportable amount as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Sincerely,

RADEL BUNKER-FARRAH

ENVIRONMENTAL PROGRAM MANAGER

Enclosure: Diskette

(IMPO	RTANT: Type or p	rint; read insi	ruction	s before comple	ting form)		Ар	proval Expires:	1/31/20	06		Page 1 of 5
l nit	tec States rironmental Proency	tection	Know	on 313 of the E v Act of 1986, a ndments and R	mergency also known	as Title II	ana Comii		8800	_		eneric Name
WHE	RE TO SEND COM	MPLETED FO	RMS:	1. TRI Data Pro P.O.Box 151 Lanham, MD	3	(S		E STATE OFFI		Enter "X" here if t is a revision For EPA use only	his	
Imp	ortant: See ir	nstructio	ns to	determine	when "l	Not App	licable (l	NA)" boxes	s sho	uld be checke	d.	
			PAF	RT I. FACIL	_ITY IDE	ENTIFIC	CATION	INFORMA	MOIT	J		
SEC	CTION 1. REP	ORTING Y	'EAR	<u>2004</u>								
SEC	CTION 2. TRA	DE SECR	ET IN	FORMATION	1							
2.1	`	the toxic che er question 2 h substantiat	.2;	X N	e 2 trade sed O (Do not a Go to Se	answer 2.2;	2.2	Is this copy (Answer only	if "YES	Sanitized In 2.1)	Uns	sanitized
SEC	TION 3. CERT	TIFICATIO	N (Im	portant: Rea	ad and si	gn after	completir	ng all form s	ectio	ns.)		
inforr	eby certify that I ha mation is true and o g data available to	complete and	I that th	ne amounts and	,		,	,				
	and official title of	<u> </u>						Signatu	re:			Date Signed:
	L BUNKER-FARR				MANAGER						0	06/28/2005
	TION 4. FACII	LITY IDEN	TIFIC	CATION		lт	RI Facility ID	Number 99	SIAVOR	JHN14MIL		
4.1 Facility	y or Establishment Na	ame								Address (if different from	n street	address)
NASA	JOHNSON SPAC	E CENTER V	NHITE	SANDS TEST F	ACILITY	N	ASA WHITE	SANDS TEST	FACILIT	ΓY		
12600) NASA ROAD						ailing Address .O. BOX 20					
City/Co	ounty/State/Zip Code					Cit	ty/State/Zip Co	ode			C	Country (Non-US
LAS C	RUCES	DONA	ANA	1	NM 88012	LA	AS CRUCES			NM 88004		
4.2	This report cont (Important: che			: r d if applicable)	a.	X An e	entire lity b.	Part of a facility	a _{c.} [X A Federal facility d	ı. <u> </u>	GOCO
4.3	Technical Conta			DEL BUNKER-F	ARRAH					phone Number (inclu) 524-5733	ıde are	a code)
	Email Address		RB	SUNKER@WSTF	.NASA.GO\	/						
4.4	Public Contact I	Name	RA	DEL BUNKER-F	ARRAH					phone Number (inclu) 524-5733	ıde are	a code)
4.5	SIC Code (s) (4	digits)	a.	Primary 9661	b.		C.	d.		e.	f.	
		Degrees	1 ***	Minutes		conds		Degrees	3	Minutes		Seconds
4.6	Latitude	32		30		30	Longitude	106	ì	36		30
4.7	Dun & Bradstre Number(s) (9 dig			Identification Nu RA I.D. No.) (12 c			acility NPDES umber(s) (9		4.10	Underground In (UIC) I.D. Numb		
a. N	IA	a. N	/188000	019434		a. NA	·		a. N	A		
b.		b.				b.			b.			
SEC	TION 5. PARE				ON							
5.1	Name of Parent		N.			 1						
F 0	Parant Compan	W's Dun & Dr	adetra	ot Niumbor	NΙΛ	V						

(IMPO	RTANT: Type or p	rint; read instru	ıctions	s before comple	ting form)		Ap	proval Expi	res: 1/31/2	2006		Page 1 of 5
l nit	tec States rironmental Proency	tection =	Know	on 313 of the E Act of 1986, a dments and R	mergency also knowr	n as Title İl	ano Comu		880 Tox	Facility ID Number 04NSJHN14MIL ic Chemical, Category hyl hydrazine		neric Name
WHE	RE TO SEND COM	MPLETED FOR	RMS:	1. TRI Data Pro P.O.Box 151 Lanham, MD	3	(S	PPROPRIAT see instructio			Enter "X" here if to is a revision For EPA use only	his	
Imp	ortant: See ir	nstruction	s to	determine	when "	Not App	licable (NA)" bo	xes sho	ould be checke	d.	
			PAF	RT I. FACII	LITY IDI	ENTIFIC	CATION	INFOR	MATIO	N		
SEC	CTION 1. REP	ORTING YI	EAR	<u>2004</u>								
SEC	CTION 2. TRA	DE SECRE	T INI	FORMATION	١							
2.1	`	the toxic chemer er question 2.2 h substantiation	2;	X	e 2 trade se IO (Do not a Go to Se	answer 2.2;	2.2	Is this co	py only if "YE:	Sanitized S" in 2.1)	Unsa	anitized
SEC	TION 3. CERT	TIFICATION	l (lm	portant: Rea	ad and si	gn after	completi	ng all for	m sectio	ons.)		
infor	eby certify that I ha mation is true and o g data available to	complete and	hat th	e amounts and								
	and official title of							Sigr	nature:			ate Signed:
	L BUNKER-FARR				MANAGER	}					06	6/28/2005
SEC 4.1	TION 4. FACII	LITY IDEN	IFIC	ATION		Тт	RI Facility ID) Number	88004N	SJHN14MIL		
	y or Establishment Na	ame								Address (if different from	m street a	address)
	JOHNSON SPAC	E CENTER W	HITE	SANDS TEST F	ACILITY		ASA WHITE	1	ST FACIL	ITY		
Street 12600) NASA ROAD						ailing Address .O. BOX 20					
City/Co	ounty/State/Zip Code					Ci	ty/State/Zip C	ode			Co	ountry (Non-US
LAS C	RUCES	DONA A	ANA	1	NM 88012	L	AS CRUCES	3		NM 88004		
4.2	This report cont (Important: che			d if applicable)	a.	X An e	entire lity b.	Part facil	of a ity c.	X A Federal facility	ı. 🗀	GOCO
4.3	Technical Conta	act Name	RAI	DEL BUNKER-F	FARRAH					ephone Number (inclu 5) 524-5733	ude area	a code)
	Email Address		RBI	JNKER@WSTF	NASA.GO	V						
4.4	Public Contact I	Name	RAI	DEL BUNKER-F	FARRAH		_			ephone Number (includ) 5) 524-5733	ude area	a code)
4.5	SIC Code (s) (4	digits)	a.	Primary 9661	<u></u> b.		c.	d.		e.	f.	
	Latituda	Degrees		Minutes		conds		Deg	rees	Minutes		econds
4.6	Latitude	32		30		30	Longitud		106	36		30
4.7	Dun & Bradstre Number(s) (9 dig			dentification Nu A I.D. No.) (12 o			acility NPDE umber(s) (9		4.1	Underground Ir (UIC) I.D. Numl		
a. N	IA	a. NM	38000	19434		a. NA			a. I	NA	_	
b.		b.				b.			b.			
	TION 5. PARE				ON							
5.1	Name of Parent		N/		NIA							
F 0	Parant Compan	W'C Dun & Dro	detres	+ Nlumbor	I NIA							

Fi	PART II. CHEMIC	FPA FC AL - S	PEC	R O TO	Su	TRI Facility ID N ('8' 04' NE JH N 14 Toxic Chemical, Methyl hydrazine	Category or Generic Name					
SEC	TION 1. TOXIC CHEMIC	AL IDEN	ITITY	(Important: DO NOT c	omplete th	is section if you c	ompleted Section 2 below.)					
CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)												
1.1	60-34-4											
1.2		Name (Imp	ortant:	Enter only one name exactly as it appea	rs on the Se	ction 313 list.)						
	Methyl hydrazine											
1.3	Generic Chemical Name (Important: C NA	Complete on	ly if Par	rt 1, Section 2.1 is checked "Yes". Gener	ric Name mu	st be structurally desc	riptive.)					
(If there are any numbers in boxes 1-	17, then eve should equa	ry field	Dioxin-like Compounds Categor must be filled in with either 0 or some nu b. If you do not have speciation data ava 6 7 8 9 10	ımber betwe ilable, indica		ribution should be					
SEC	TION 2. MIXTURE COMP	ONENT	IDEN	NTITY (Important: DO NOT c	omplete th	is section if you c	ompleted Section 1 above.)					
(Generic Chemical Name Provided by	Supplier (Im	portant	t: Maximum of 70 characters, including n	umbers, lette	ers, spaces, and punc	ruation.)					
2.1	NA											
SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)												
3.1 Manufacture the toxic chemical: 3.2 Process the toxic chemical: 3.3 Otherwise use the toxic chemical:												
a. Produce b. Import												
	If produce or import:		a.	As a reactant	а	As a che	nical processing aid					
c.	For on-site use/processin	g	b.	As a formulation componer	nt b	As a mar	ufacturing aid					
d.	For sale/distribution		c.	As an article component	С	. X Ancillary	or other use					
e.	As a byproduct		d.	Repackaging								
f.	As an impurity		e.	As an impurity								
SECT	ION 4. MAXIMUM AMOU	NT OF 1	HE T	TOXIC CHEMICAL ONSITE	AT ANY	TIME DURING	THE CALENDAR YEAR					
4.1	04 (Enter tw	o-digit c	ode f	rom instruction package.)								
SECT	ION 5. QUANTITY OF TH	IE TOXI	СН	EMICAL ENTERING EACH	ENVIRO	NMENTAL ME	DIUM ONSITE					
				A. Total Release (pounds/year*) (Enter range code or estimate**)		sis of Estimate er code)	C. % From Stormwater					
5.1	Fugitive or non-point air emissions	NA		A		0						
5.2	Stack or point air emissions	NA		В		0						
5.3	Discharges to receiving stream water bodies (enter one name											
	Stream or Water Body N	lame										
5.3.1	NA											
5.3.2												
5.3.3												
	ional pages of Part II, Section s licate the Part II, Section 5.3 pa			, indicate the total number of pag his box. (examp	es in this l le: 1,2,3, e							

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

^{**} Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

PAR	T II. CHE	MICAL	EF/ S!'E	A FO	RM R C INFO	RMATI	ON (C	CONTIN	SU IUED)	TRI Fac 8 30 04 45 Toxic Ch Methyl h	S IF N 4	AMIL , Category,	or Gene	PA eric Name
SECT	ON 5. QUA	NTITY O	F THE	TOXIO	С СНЕМ	ICAL EN	ITERIN	IG EACH	I ENVIR	ONMENT	AL MI	EDIUM O	NSITE	(Continued)
				NA	A. Total			year*) (ente r estimate)	r range	B. Basis (enter		nate		
5.4.1	to Class I V			Х										
5.4.2	Undergroun to Class II-	nd Injection V Wells	onsite	Х										
5.5	Disposal to	land onsite												
5.5.1.A	RCRA Sub	title C landfi	ls	Х										
5.5.1.E	Other landf	ills		Х										
5.5.2	Land treatn farming	nent/applica	tion	X										
5.5.3A			ce	X										
5.5.3B	Other surfa	ce impound	ments	Х										
5.5.4	Other dispo	sal		Х										
SECT	ON 6. TRA	NSFERS	OF TH	IE TO	XIC CHE	MICAL	IN WA	STES TO	OFF-S	ITE LOCA	TION	S		
6.1 DI	SCHARGES	S TO PUE	BLICLY	WO Y	NED TRE	ATMEN	T WO	RKS (PO	TWs)					
6.1.A T	otal Quantit	y Transfe	red to	POTW	s and Ba	sis of Es	timate							
6.1.A.1	. Total Trans (enter range		-				6.1.	A.2 Basis	-	nate				
	(enter range	e code o	estima	NA				(enter	code)					
0.4.5		OTW Name	NA NA				ı							
6.1.B														
POTW /	Address						ı						1	
City	In	OTW Name				State		County					Zip	
6.1.B		OTW Name												
POTW /	Address													
City						State		County					Zip	
If additi	onal pages of	Part II, Sec			•			·		(example: 1,	2.3. etc	.)		
	ON 6.2 TR	ANSFER	S TO C	THEF	R OFF-SI	TE LOC	ATION	IS		<u> </u>		,		
	Off-Site EF							TXD0551	41378					
Off-Site	Location Nam	e CLE	AN HAR	BORS										
Off-site	Address	2707 BAT	TLEGRO	DUND R	OAD									
City	DEER PARK	•		State	e TX	County	Harris				Zip	77536		Country (Non-US)
Is locati	on under contr	ol of reporti	na facility	v or pare	ent compar	nv?	•				<u> </u>	Vas	Х	No

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

 $^{^{\}star\star}$ Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

Eila	0	EPA F	ORM	R	~ N		at C.		RI Facility ID Number	- EDA			
PARTIE:	IENTICA	; SPI:CIE	IC INF		# TICN	VC.	ONTINUED)	E3(04 VS JF N 4MIL Toxic Chemical, Category, or Generic Name					
I AIXI II. CI			IC IIVI		AIION	U	ONTINOLD)	-	ethyl hydrazine	ory, or Generic Name			
SECTION 6.2	2 TRANS	FERS TO OTI	HER OF	F-SITE	E LOCAT	101	NS (Continued)						
A. Total Transfe			1		Estimate		10 (00111111111111111111111111111111111	1	Гуре of Waste Treat	ment/Disposal/			
(enter range o	ode** or es	timate)		enter co			Recycling/Energy Recovery (enter code)						
1. B			1.			0		1.	M50				
2. NA			2.					2.					
3.			3.					3.					
4.			4.					4.					
6.2. Off-Site EPA Identification Number (RCRA ID No.)													
Off-Site location Name Off-site Address													
Off-site Address													
City			State		County				Zip	Country (Non-US)			
Is location und	er control	of reporting facil	ity or par	ent cor	mpany?				Yes	☐ No			
A. Total Transfe (enter range	ers (pound code** or e	ds/year*) stimate)		Basis of enter co	Estimate de)				Гуре of Waste Treat Recycling/Energy R	ment/Disposal/ ecovery (enter code)			
1.			1.					1.					
2.			2.				2.						
3.			3.					3.					
4.			4.					4.					
SECTION 7A	. ONSIT						D EFFICIENCY						
Not App	licable (NA) - Check here if waste stream	no on-site containing	waste tox	reatment is ic chemical	appl or cl	ied to any hemical category.						
a. General Waste Stream (enter code)		/aste Treatment M Inter 3-character o		Sequenc	ce		c. Range of Influe Concentration		Waste Treatment Efficiency Estimate	e. Based on Operating Data?			
7A.1a	7A.1b	1	A03	2	NA		7A.1c		7A.1d	7A.1e			
А	3	4		5			01		98 %	Yes No			
74.20	6 7A.2b	1		8		+	7A.2c		7A.2d	7A.2e			
7A.2a	3	4		5					0/	Yes No			
	6	7		8					%				
7A.3a	7A.3b	1		2			7A.3c		7A.3d	7A.3e			
	3	4		5					%	Yes No			
	6	7		8					76				
7A.4a	7A.4b	1		2			7A.4c		7A.4d	7A.4e			
	3	4		5					%	Yes No			
	6 7A.5b	7		8		+							
7A.5a		1		2		\dashv	7A.5c		7A.5d	7A.5e			
	3	4		5		\dashv			%	Yes No			
If additional page	6 es of Part I	7 7 1. Section 6.2/7A	are attacl	8 ned. ind	licate the to	otal :	l number of pages in	this h	ox F	<u> </u>			
and indicate the		•		•	_		l (ovample: 1.2.2						

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

PA.	EPA F	ORN R CINFORMATION	1,001	INCED,	38 Joi No JI IIV	TRI Facility ID Number 38 Vo Vo JI IIV 14Mi . 70 die Chernical, Category, or Conoric Name Methyl hydrazine				
SECT	ION 7B. ON-SITE ENERGY REG	COVERY PROCESS	SES							
Х		if no on-site energy reco								
	Energy Recovery Methods [enter 3-chara	cter code(s)]								
	1	2			3					
SECT	ION 7C. ON-SITE RECYCLING	PROCESSES								
Х		if no on-site recyling is a aining the toxic chemical								
	Recycling Methods [enter 3-character cod	de(s)]								
1	2	3		4		5				
6	7	8		9		10				
SECT	ION 8. SOURCE REDUCTION A	AND RECYCLING A	CTIVITIE	S						
		Column A		olumn B	Column C		Column D			
		Prior Year (pounds/year*)		eporting Year	Following Yea (pounds/year*)	r	Second Following Year (pounds/year*)			
8.1		(I or object)	u - i	,	(constant		(i v v v v v v v			
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA		NA			
8.1b	Total other on-site disposal or other releases	225	225	;	220		220			
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA		NA			
8.1d	Total other off-site disposal or other releases	NA	NA		NA		NA			
8.2	Quantity used for energy recovery onsite	NA	NA		NA		NA			
8.3	Quantity used for energy recovery offsite	NA	NA		NA		NA			
8.4	Quantity recycled onsite	NA	NA		NA		NA			
8.5	Quantity recycled offsite	NA	NA		NA		NA			
8.6	Quantity treated onsite	NA	NA		NA		NA			
8.7	Quantity treated offsite	2	268	3	2		300			
8.8	Quantity released to the environment as or one-time events not associated with p			phic events,	NA	-				
8.9	Production ratio or activity index				1.23					
	Did your facility engage in any source recenter "NA" in Section 8.10.1 and answer		chemical du	ring the reporting	g year? If not,					
8.10	Source Reduction Activities [enter code(s)]	N	Methods to I	dentify Activity (enter codes)					
8.10.1	NA	a.		b.		C.				
8.10.2		a.		b.	c.		c.			
8.10.3		a.	b.		c.		c.			
8.10.4		a.		b.		c.				
8.11	Is additional information on source reductional included with this report 2. (Check one B		on control ac	ctivities			Yes No			

Fi	PART II. CHEMIC	EPA 50 AL - SI	PEC	R IFIC INF	FORMATION	Sı	ָלונ	RI Facility ID 8 04 18 Jf N oxic Chemica ead	ı4Mlı	ry or Generi	c Name	
SEC	TION 1. TOXIC CHEMIC	AL IDEN	ITITY		(Important: DO NO	T complete	e this s	ection if you	complete	ed Section	2 below.)	
1.1	CAS Number (Important: Enter only of 7439-92-1	one number e	exactly a	as it appears	on the Section 313 list	. Enter categ	ory code	if reporting a c	hemical ca	tegory.)		
1.2	Toxic Chemical or Chemical Category Lead	y Name (Imp	ortant: E	Enter only one	e name exactly as it ap	ppears on the	Section	313 list.)				
1.3	Generic Chemical Name (Important: 0	Complete on	ly if Part	t 1, Section 2	.1 is checked "Yes". G	eneric Name	must be	e structurally de	scriptive.)			
1.4	Distribution of Each Member of the there are any numbers in boxes 1-reported in percentages and the total 1 2 3 4	17, then eve	ry field r	must be filled If you do no	in with either 0 or som	e number be	dicate N		istribution s	should be	6 17	
NA												
SEC	TION 2. MIXTURE COMP	PONENT	IDEN	ITITY	(Important: DO NO	T complete	e this s	ection if you	complete	ed Section	1 above.)	
2.1	Generic Chemical Name Provided by	Supplier (Im	portant:	Maximum of	70 characters, includi	ng numbers,	letters, s	spaces, and pur	nctuation.)			
SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)												
3.1	Manufacture the toxic ch	emical:	3.2	Proces	s the toxic cher	nical:	3.3	Otherwise	e use th	e toxic ch	emical:	
a. c. d. e. f.	Produce b. Ir If produce or import: For on-site use/processin For sale/distribution As a byproduct As an impurity	nport ng	a. b. c. d.	As As Rep	a reactant a formulation comp an article compone packaging an impurity		a. [b. [c. [As a ma	emical pro anufacturi y or other	Ü	I	
SECT	ION 4. MAXIMUM AMOU	NT OF T	HE T	OXIC CH	IEMICAL ONSI	TE AT AN	NY TIN	IE DURIN	G THE	CALEND	AR YEAR	
4.1	02 (Enter tw	vo-digit c	ode fr	om instru	iction package.)							
SECT	TION 5. QUANTITY OF TH	IE TOXIC	CHE	MICAL	ENTERING EA	CH ENVI	RONN	IENTAL M	EDIUM	ONSITE		
					Release (pounds/ye ge code or estimate		Basis o	of Estimate ode)	C. %	From Storr	nwater	
5.1	Fugitive or non-point air emissions	NA			1			0				
5.2	Stack or point air emissions	NA	Х									
5.3	Discharges to receiving strean water bodies (enter one name											
	Stream or Water Body N	lame										
5.3.1	NA											
5.3.2												
5.3.3												
If addit	ional pages of Part II, Section	5.3 are atta	ached,	indicate th	ne total number of	pages in th	is box					

(example: 1,2,3, etc.)

and indicate the Part II, Section 5.3 page number in this box.

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

^{**} Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

PAR1	COPER		RM R C INFOR	\ / /	ON (C	OT S	SU UED)	83(04 VS I Toxic Cher Lead	FN 4	мі	or Gene	ric Name
SECTION	ON 5. QUANTITY OF THE	TOXIC	ССНЕМІС	CAL EN	ITERIN	G EACH	ENVIR	ONMENTA	L ME	DIUM O	NSITE	(Continued)
		NA	A. Total R		-	ear*) (ente estimate)	r range	B. Basis of (enter co		ate		
5.4.1	Underground Injection onsite to Class I Wells	Х						,				
5.4.2	Underground Injection onsite to Class II-V Wells	X										
5.5	Disposal to land onsite											
5.5.1.A	RCRA Subtitle C landfills	Х										
5.5.1.B	Other landfills	X										
5.5.2	Land treatment/application farming	Х										
5.5.3A	RCRA Subtitle C Surface Impoundments	X										
5.5.3B	Other surface impoundments	X										
5.5.4	Other disposal		449					М				
SECTION	ON 6. TRANSFERS OF TH	IE TO	XIC CHE	MICAL I	N WAS	STES TO	OFF-S	ITE LOCAT	IONS	3		
6.1 DIS	CHARGES TO PUBLICLY	(OWN	NED TREA	ATMEN [*]	T WOR	KS (PO	TWs)					
6.1.A To	otal Quantity Transferred to	POTW	s and Bas	is of Est	imate							
6.1.A.1.	Total Transfers (pounds/year) (enter range code** or estimate	-			6.1.A	2 Basis (enter o		ate				
	terrier range code or estima	NA				(eriter (oue)					
6.1.B 1	POTW Name NA				<u> </u>							
POTW A												
	Juless			Ctata		Carratir	I				7:	
City	POTW Name			State		County					Zip	
6.1.B												
POTW A	ddress											
City				State		County					Zip	
	nal pages of Part II, Section 6.1						ges					
in this be		•					(example: 1,2,3	3, etc.)		
	ON 6.2 TRANSFERS TO CO Off-Site EPA Identification N				ATION	S NA						
-	ocation Name WESTERN C		•	140.)								
Off-site A	ddress JACKRABBIT RUI	1	1 1					Г		<u> </u>	T.	Country
City EI	DGEWOOD	State	NM	County	Santa F	e			Zip	87015		(Non-US)
Is locatio	n under control of reporting facility	y or pare	ent company	/?					\	res .	X	No

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

 $^{^{\}star\star}$ Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

Eilo	0	EPA F	ORM	R	^ N	1,	1 C1	TRI	Facility ID Number	EDA				
PARTIE CH	IEWICA	SPI CIE	IC INF	∵∺W	≛ TICN	VC.	ONTINUZD)	F 10X	04 \S JF N 4MIL	ory, or Generic Name				
i Alti II. Oi			IO II4I		AIION	Ų	ONTINOED)	Lea		ory, or denote reams				
SECTION 6.2	2 TRANSI	ERS TO OTI	HER OF	F-SITI	E LOCAT	101	NS (Continued)	ı						
A. Total Transfe	ers (pound	s/year*)	В. Е		Estimate		, ,	C. Ty	pe of Waste Treat					
1. 449	oue orest	iiiiaie)	1.	enter co		M	Recycling/Energy Recovery (enter code 1. M26							
2. NA			2.					2.						
3.			3.					3.						
4.			4.					4.						
6.2. Of	f-Site EPA	Identification N	umber (F	RCRA II	D No.)									
Off-Site location Name														
Off-site Address														
City			State		County				Zip	Country (Non-US)				
Is location und	er control o	of reporting facil	ity or par	ent cor	mpany?			[Yes	☐ No				
A. Total Transfe (enter range	ers (pound code** or es	s/year*) timate)		Basis of enter co	Estimate de)				pe of Waste Treat ecycling/Energy R	ment/Disposal/ ecovery (enter code)				
1.			1.					1.						
2.			2.					2.						
3.			3.					3.						
4.			4.					4.						
SECTION 7A	. ONSIT	E WASTE TR	EATME	NT ME	THODS	ΑN	D EFFICIENCY							
Not App	licable (NA)	Check here if a waste stream	no on-site containing	waste tox	reatment is ic chemical	appl or c	ied to any hemical category.							
a. General Waste Stream (enter code)		aste Treatment M nter 3-character c		Sequenc	ce		c. Range of Influe Concentration	E	Vaste Treatment Efficiency Estimate	e. Based on Operating Data?				
7A.1a	7A.1b	1	P12	2	NA		7A.1c		7A.1d	7A.1e				
А	3	4 7		5 8			03		99 %	Yes No				
7A.2a	7A.2b	1		2			7A.2c		7A.2d	7A.2e				
Miza	3	4		5					%	Yes No				
	6	7		8					,,					
7A.3a	7A.3b	1		2			7A.3c		7A.3d	7A.3e				
	3	4		5					%	Yes No				
	6 7A.4b	7		8										
7A.4a		─ ─┐		2			7A.4c		7A.4d	7A.4e				
	6	7		5 8					%	Yes No				
7A.5a	7A.5b	1		2		T	7A.5c		7A.5d	7A.5e				
	3	4		5					%	Yes No				
	6	7		8					70					
If additional pag				•	_		number of pages in		· _					

^{*} For Dioxin or Dioxin-like compounds, report in grams/year

PARTIL CHEMICAL SPECIFIC INFORMATION (CONTINUED)					TRI Facility ID Number 78 Vo. Vo. VIII N 14Mi . 70 kit Chernical, Category, or Conoric Name Lead		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES							
X Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.							
Energy Recovery Methods [enter 3-character code(s)]							
	1 2 3						
SECTION 7C. ON-SITE RECYCLING PROCESSES							
X Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.							
Recycling Methods [enter 3-character code(s)]							
1	2	3		4		5	
6	7	8		9		10	
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES							
		Column A	_	olumn B	Column C		Column D
		Prior Year (pounds/year*)	Current Reporting Year (pounds/year*)		Following Year (pounds/year*)		Second Following Year (pounds/year*)
8.1							
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA		NA
8.1b	Total other on-site disposal or other releases	432	450)	500		500
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA		NA		NA
8.1d	Total other off-site disposal or other releases	NA	NA		NA		NA
8.2	Quantity used for energy recovery onsite	NA	NA		NA		NA
8.3	Quantity used for energy recovery offsite	NA	NA		NA		NA
8.4	Quantity recycled onsite	NA	NA		NA		NA
8.5	Quantity recycled offsite	431	449		498		498
8.6	Quantity treated onsite	NA	NA		NA		NA
8.7	Quantity treated offsite	NA	NA		NA		NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year) NA						
8.9	Production ratio or activity index NA						
	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.						
8.10	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)					
8.10.1	NA	a.		b.		C.	
8.10.2		a.		b.		c.	
8.10.3		a.		b.		c.	
8.10.4		a.	b.			C.	
8.11	s additional information on source reduction, recycling, or pollution control activities Yes No						

Moore, Brett

From:

Davis, Timothy

Sent:

Thursday, June 16, 2005 11:49 AM

To:

Haas, Jon P.; Moore, Brett

Subject:

Official Submittal - Suspense 7/1/05 (Toxic Release Inventory Reporting)

Jon:

Attached is the annual Toxic Release Inventory (TRI) report. The only two constituents that were released per TRI guidelines and over specific threshold reporting quantities were MMH and lead. The lead has a very low threshold quantity, and we shoot a lot of lead at the firing range, so we routinely exceed the lead threshold value and have to report every year. This report requires a certification page in hard copy along with the cover letter. Then we submit electronically by uploading using TRI-ME software from the EPA. We also send an e-copy to the State of NM Emergency Management Office in Santa Fe. I will work on getting all the e-versions organized and ready for submittal, but the PDF below is a printout of what will be uploaded for submittal. It's a standard EPA form; you just fill in the blanks. Finally, I am leaving Radel's name in the uploaded forms simply for consistency purposes. Sometimes the EPA will "kick back" your report if it has any differences (even minor ones) from one year to the next. In other words, it has an electronic "autochecker" system and we don't want to confuse the EPA's computer.

Let me know if you have any comments/questions.

Brett: I will prepare the certification page, sign it, and bring it over. The certification page will be Enclosure 1.

Cover Letter:

<\\S4\home\wstfgrp\environ\nasaport\TRILTR2004.doc>

Enclosure (PDF for review, this will be submitted electronically using TRI-ME software and on disk as Enclosure 2):
<\\S4\home\\wstfqrp\environ\\nasaport\\CD Rom Review\\TRI Form R 2004.pdf>